

State of Arkansas Contractors Licensing Board



Commercial New Application

\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

**CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb**

Commercial

New Application

Types of License

You can apply for a “**Commercial license**” or a “**Restricted Commercial license**”.

With a “**Restricted Commercial license**” you can **ONLY** do Commercial projects that are less than \$750,000, including, but not limited to, labor and material.

Please “✓” the box for the license being applied for....

☐

“**Restricted Commercial license**”

“**Restricted Commercial license**” can **ONLY** do Commercial projects that are less than \$750,000 including, but not limited to, labor and material.

See page 3 for instructions

☐

“**Commercial license**”

“**Commercial license**” can do a/an Commercial projects of any size.

See page 4 for instructions

“RESTRICTED” COMMERCIAL LICENSE

INSTRUCTIONS / CHECKLIST

Your completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete Application. **(All lines need to be filled in, if one does not apply enter “N/A”)**
 - (a) Pages 2, 5, 6, 7, 11 & 12 completed.
 - (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 13 and 14).
We cannot accept a notarized statement more than 90 days old.
2. \$100.00 filing fee made payable to the Contractors Licensing Board. (Fees are **NON-REFUNDABLE**)
3. Three (3) written references (pages 8, 9 and 10 forms provided). The references should not be from a supplier or banker, unless they have actually observed work and can describe it. The purpose of these references is to verify you have the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.** We cannot accept references that are more than 90 days old.
4. Copy of the Arkansas Business and Law passing test score. **The license can be approved but not released without this passing test score.** Please refer to page 19 & 20 for more information about the test.
5. Fully executed \$10,000.00 Contractor's Bond. **The license can be approved but not released, until the “Original” Bond and Power of Attorney is filed with the Board.** (NOTE: copies, faxes, or emails “NOT” accepted). Please refer to pages 17 & 18 for more information about the bond.
- 6a). A “**Compiled**” financial statement from an Independent CPA must be submitted. **The date the financial statement was prepared for, not the date the financial was signed must be less than one year old.** (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:
 - (1) Compiled opinion letter from an Independent CPA
 - (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
 - (3) Footnotes not required
- 6b). Refer to Rules and Regulations Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) / specialty(s) requested must be CASH in the bank and **cannot be a stockholder note to the company or receivables. Example: If asking for the Building classification, the net worth requirement is \$50,000 half of that \$25,000 will need to be cash in the bank. If asking for a specialty(s), the net worth requirement is \$5,000 half of that \$2,500 will need to be cash in the bank.**
7. If applying as a Corporation, LLC, or LP, we will need a copy of the Articles/Filings from your entity's Secretary of State's Office (501) 682-3409. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**
9. **If the applicant is also applying for a Residential License with a classification or / specialty(s) different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed and references given for the appropriate classification / specialty(s) requested to work in the Residential industry.

COMMERCIAL LICENSE – (projects of any size)

INSTRUCTIONS / CHECKLIST

Your completed application must be in this office three (3) weeks prior to a board meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

By obtaining a commercial license you automatically qualify to do residential work in the same classification / specialty(s) as those listed on the commercial license.

1. Complete Application. **(All lines need to be filled in, if one does not apply enter "N/A")**
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 - (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 13 and 14).
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3. Three (3) written references (pages 8, 9 and 10 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The purpose of these references is to verify you have the appropriate required experience to receive the classification(s) / specialty(s) requested. Please refer to page 6 and 7 of this application or the blue booklet (Act 150) for any questions about the classification(s) / specialty(s). **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.** We cannot accept references that are more than 90 days old.
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5. Fully executed \$10,000.00 Contractor's Bond. **The license can be approved but not released, until the "Original" Bond and Power of Attorney is filed with the Board.** (NOTE: copies, faxes, or emails "NOT" accepted). Please refer to pages 17 & 18 for more information about the bond.
- 6a). A "Reviewed" or "Audited" financial statement from an Independent CPA must be submitted. **The date financial statement was prepared for, not the date the financial was signed must be less than one year old.** (The expiration date of the license will be determined by the date of the financial statement submitted.) The financial statement must include:
 - (1) Reviewed or Audited opinion letter from an Independent CPA
 - (2) Balance sheet prepared in accordance with GAAP or on an Income Tax Basis (Accrual Method)
 - (3) All footnotes to the balance sheet (See Ark. Code Ann. 17-25-304)
- 6b). REFER TO Rules and Regulations Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) / specialty(s) requested must be CASH in the bank and **cannot be a stockholder note to the company or receivables. Example: If asking for the Building classification, the net worth requirement is \$50,000 half of that \$25,000 will need to be cash in the bank. If asking for a specialty (s), the net worth requirement is \$5,000 half of that \$2,500 will need to be cash in the bank.**
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8. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**
9. **If the applicant is also applying for a Residential License with a classification or / specialty(s) different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed and references given for the appropriate classification / specialty(s) requested to work in the Residential industry.

CLB OFFICIAL USE ONLY – (Do not write in this space)

Filing Fee: \$ _____ ID#: _____ ☐ Restricted ☐ Commercial

Commercial New Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPRIETORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. IF APPLYING AS A CORPORATION, LLC, OR LLP, IT MUST READ EXACTLY AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. **APPLICANTS MUST CONDUCT / CONTRACT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE LICENSE.**

ANSWER ALL OF THE FOLLOWING QUESTIONS; IF A QUESTION DOES NOT APPLY ENTER “N/A”:

Company / Individual Name: _____

D/B/A Name: _____
(Doing Business As) (If Applicable)

Indicate the type of entity seeking a license by “circling” one of the choices below:

INDIVIDUAL CORPORATION LLC PARTNERSHIP LP OTHER _____

If applying as Corporation / LLC, list the Federal ID# _____ Company Tax Year End _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____

Company Phone _____ Fax _____

E-mail Address _____

Name and Phone # for person to Contact with any Questions regarding this application request:

**Complete the following with information for the person that will take or has taken the
Business & Law Exam**

Name _____ Social Security # _____

How long has this individual been with this company? _____

Position held with this company, check one: ☐ Sole Owner
☐ Full time paid employee
☐ Officer, member, or partner of the company
and is actively involved in the day to day operations

CLASSIFICATIONS

Please “circle” the classification(s) or specialty(s) below being requested.

A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Regulation 224-25-5(i) of Act 150.

Classification(s) / specialty(s) marked with “” require an Arkansas Trade License or Certification.**

1. Heavy Construction
2. Municipal & Utility
3. Highway, Railroad & Airport

4. Building (Commercial & Residential)
5. Light Building (Commercial & Residential)
- ** 6. Mechanical
- ** 7. Electrical

“SPECIALTY(S)” – (continued on page 7)

- | | |
|--|--|
| <p>Above Ground Tanks</p> <p>** <u>Asbestos</u></p> <p>Awnings, Canopies & Gutters</p> <p>Base & Paving</p> <ol style="list-style-type: none"> a. Base Construction b. Hot & Cold Mixes c. Surface Treatment d. Asphalt e. Concrete Paving <p>Blinds, Curtains, Draperies, Theatrical</p> <p>Boat Docks</p> <p>** <u>Boiler Construction & Repair</u></p> <p>Bulk Storage Facilities</p> <p>Cable Television Lines (Above & Below Ground)</p> <p>Car Washes</p> <p>Carpentry, Framing, Millwork, Cabinets</p> <p>Ceilings, Wall Systems, Acoustical Treatments</p> <p>Chemical Resistant Tile & Brick</p> <p>Chimneys, Fireplaces</p> <p>Cofferdams, Dikes, Levees, Canals</p> <p>Communication, Computer or Sound Systems, Cabling</p> <p>Concrete</p> <p>Control Systems & Instrumentation</p> <p>Conveyors, Material Handling Systems, Cranes, Hoists</p> <p>Cooling Towers</p> <p>Demolition, Blasting</p> <p>Dredging</p> <p>Institutional & Kitchen Equipment</p> <p>Drywall</p> <p>Electrical Transmission Lines</p> <p>** <u>Elevators, Escalators, Dumbwaiters, Chairlifts</u></p> <p>Energy & Chemical Pipelines</p> <p>Energy Management, Retrofit Systems</p> <p>Environmental General</p> <p>Erosion Control</p> <p>** <u>Factory Trained Medical Equipment Technician</u>
 <u>(“exemption” from Electrical Board required)</u></p> <p>Fencing, Gates</p> <p>Fiberglass</p> <p>Fireproofing</p> <p>Floors, Floor Covering</p> <p>Foundation Construction or Drilling, Pile Driving, Stabilization</p> <p>Furnaces, Fuel Burning or Heat Transfer Equipment,
 Stokers, Refractories</p> <p>Furniture, Recreational and/or Playground Equipment,
 Bleachers, Seating, Partitions</p> <p>** <u>Gas Fitter</u></p> <p>Generators, Turbines</p> <p>Glass, Glazing, Doors, Windows, Hardware, Storefront</p> <p>Golf Cart & Foot Bridges & Paths</p> <p>Golf Courses</p> <p>Grading & Drainage (Includes Pipe & Structures, Culverts,
 Clearing, Grubbing & Rip Rap, Excavation)</p> | <p>Grain Bins</p> <p>Greenhouses</p> <p>** <u>Heating, Ventilation, Air Conditioning, Refrigeration</u></p> <p>HRA Miscellaneous & Specialty Items</p> <ol style="list-style-type: none"> a. Traffic Safety <ol style="list-style-type: none"> 1. Pavement Markers 2. Signaling 3. Guardrails & Fencing 4. Attenuators, Signalization & Roadway Lighting b. Landscaping <ol style="list-style-type: none"> 1. Seeding 2. Sodding 3. Planting 4. Chemical weed & brush control c. Pavement Rehabilitation <ol style="list-style-type: none"> 1. Pressure grouting 2. Grinding & grooving 3. Concrete joints 4. Underdrains d. Miscellaneous Concrete <ol style="list-style-type: none"> 1. Sidewalks 2. Driveways 3. Curb & gutter 4. Box culverts <p>Hydraulics</p> <p>Incinerator & Stack Construction</p> <p>Indoor/Outdoor Advertising</p> <p>Institutional & Kitchen Equipment</p> <p>Insulation</p> <p>Interior Work</p> <p>Kilns, Drying Systems</p> <p>Landfills</p> <p>Landscaping, Irrigation, Lawn Sprinkler Systems, Streams</p> <p>** <u>Landscaping with Planting</u></p> <p>Lathe, Plaster, Stucco, Dryvit, EIFS</p> <p>** <u>Lead Abatement</u></p> <p>Lift Stations, Pumps</p> <p>Lightning Protection</p> <p>Liners</p> <p>Marine Docks</p> <p>Masonry</p> <p>Mausoleums</p> <p>Medical Shielded Enclosures</p> <p>Metal Buildings, Detached Structures, Storage Buildings</p> <p>Metal Studs, Walls</p> <p>Meter Installation & Service</p> <p>Microwave Systems, Towers, Satellite Dishes</p> <p>Millwright</p> <p>Oil & Gas Field Construction, Rigging</p> <p>Overhead Doors & Dock Equipment</p> <p>Paint Booths</p> <p>Painting, Wallcovering</p> <p>Passenger Boarding Bridges</p> |
|--|--|

“SPECIALTY(S)” (Continued from page 6) - **Requires a Arkansas Trade License or Certification**

- | | |
|--|---|
| <p>Piping, Process Piping, Valve Repair
Plant Maintenance
Plating & Waste Treatment Systems
** Plumbing
Pneumatic Tube Systems
Pollution, Air & Dust Control, Blower & Exhaust Systems
Poultry & Swine Electrical
Poultry & Swine Houses
Poultry (HVACR)
Precipitators
Railroad Construction & Related Items
Rebar
** Refrigeration, Cold Storage
Remediation
Remodeling, Renovations, Restoration, Alterations
Retaining Walls
Right of Way Clearing
Roofs, Roof Decks, Roofing Sheet Metal
Sandblasting, Hydroblasting, Dry Ice Blasting
Scaffolding
Scales
** Septic Tank Installation & Repair
Security, Banking, Detention Equipment
(Bars & safety no certificate needed)
Service Station Equipment</p> | <p>** Sheet Metal, Ducts, Ventilation
Siding, Soffit, Facia, Gutters
** Signal or Burglar Alarms, Fire Detection
& Monitoring Systems
Skylights
Solar Systems
Special Coatings or Applications, Caulking, Waterproofing
Sport & Recreational Surfaces
** Sprinklers, Fire Protection
Steel, Alloy, Ornamental, Metal Fabrication, Welding
Storm Shelters
Substations
Swimming Pools, Spas
Temperature Controls (Electric)
Temperature Controls (Pneumatic)
Testing & Balancing
Tile, Terrazzo, Marble, Countertops
Tuckpointing
Tunnels, Shafts
Underground Piping, Cable, Trenching, Boring
** Underground Storage Tanks
Water and Sewer Lines
Water Lines Associated with Fire Protection
** Water Wells
Wind Turbines</p> |
|--|---|

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific)

If any of the following specialty(s) are being requested then attach a copy of the Arkansas trade license/certificate.

- | | |
|----------------------------------|----------------------------------|
| 1. Asbestos | 9. Landscaping w/planting |
| 2. Boiler Construction or Repair | 10. Lead Abatement |
| 3. Electrical | 11. Plumbing |
| 4. Elevator | 12. Refrigeration & Cold Storage |
| 5. Fire & Burglar Alarm | 13. Sheet Metal, Ducts |
| 6. Fire Sprinkler | 14. Underground Storage Tank |
| 7. Gas Fitter | 15. Water Wells |
| 8. HVACR | |

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name _____ Social Security # _____

How long has this individual been with this company? _____

Position held with this company, check one: _____ Sole Owner
 _____ Full time paid employee
 _____ Officer, member, or partner of the company and
 is actively involved in the day to day operations

Verify appropriate required experience on each reference (pages 8, 9, and 10) for each classification(s) /specialty(s) requested.

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM

IS TO VERIFY WORK

EXPERIENCE, NOT CREDIT HISTORY.

1. Yes ___ No ___ Are you related or affiliated to the owners of the company or any of the employees?
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. _____ To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed:

5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Yes ___ No ___ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Yes ___ No ___ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?

9. Yes ___ No ___ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details:

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

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If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. _____ To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed:

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6. Yes ___ No ___ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Yes ___ No ___ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?

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By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM

IS TO VERIFY WORK

EXPERIENCE, NOT CREDIT HISTORY.

1. Yes ___ No ___ Are you related or affiliated to the owners of the company or any of the employees?
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. _____ To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?
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By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

APPLICANT'S INFORMATION

Note: For the purpose of the following questions, “You” means, any qualifier, officer, member, partner, owner 10% or more, you (if applying as a sole-proprietor), or anyone of the entity requesting a license.

- _____ 1. How many years of work experience does the qualifier for the trade or classification(s) / specialty(s) for this license have?
- Yes___ No___ 2. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? **If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.**
- Yes___ No___ 3. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of “you” above) **If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.**
- Yes___ No___ 4. Have you ever been convicted of a felony? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred, when this occurred, and what was the sentence.**
- Yes___ No___ 5. Are you required to register on the sex offender registry in this state or any other state? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred and when this occurred.**
- Yes___ No___ 6. Do you or any construction related entity in which you owns 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes___ No___ 7. Have you ever had a contractors license or been associated with a contractors license in this or any other jurisdiction? (See definition of “you” above) **If yes, attach separately a list of those that apply.**
- Yes___ No___ 8. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes___ No___ 9. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of “you” above)
- Yes___ No___ 10. Are you legally authorized to work in the United States of America? (See definition of “you” above)
- Yes___ No___ 11. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors of workers without legal authority to work in the United States of America can lead to the revocation of the contractors license in the State of Arkansas? (See definition of “you” above)
- Yes___ No___ 12. Does this applicant have one or more employees?
- Yes___ No___ 13. Does the applicant have Workers Compensation Insurance?
- Yes___ No___ 14. Are you or your spouse on active duty in the United States Military and currently deployed outside the State of Arkansas?
- Yes___ No___ 15. Are you or your spouse a “returning United States Military Veteran”? (A “military veteran” is anyone who has been deployed for any branch of the United States Military outside of the State of Arkansas.)
- Yes___ No___ 16. Have you or your spouse been discharged (discharged other than dishonorably) from the United States Military within the last 12 months?
- Yes___ No___ 17. Under the provision of the Active Duty Military Licensing Law, Act 848 of 2015, are you requesting a temporary license? **If yes, you must provide a copy of your current contractors license issued by another state.**

CORPORATION, LLC, or LP DATA:

Date Company registered as Corporation, LLC or LP: _____

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____
(*This process must be completed before beginning work in the State of Arkansas if a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____

OR

PARTNERSHIP DATA:

Date Partnership Formed _____
State whether partnership is general, limited or associated: _____

List Partners and Social Security numbers:

Partner _____	SSN _____
Partner _____	SSN _____

List **anyone** who owns 10% or more interest in the entity requesting a license. (Please print each name) along with their Social Security number; or list any Corporation or LLC as well as their EIN for those who owns 10% or more interest in the entity requesting a license.

Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____

AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, _____, being duly sworn/affirmed, state under oath:
(Name of Owner/Officer/Member/Partner)

That I am _____ of _____;
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Signature of Owner/Officer/Member/Partner)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & **Seal**

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn/affirmed, states under oath:
(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Applicant Signature Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & **Seal**

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK COMMERCIAL NEW APPLICATION

I, _____, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)
_____ of _____;
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of \$50,000.00 or more, including but not limited to labor and materials.

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued.

(Signature of owner, officer, partner, member)

State of _____

County of _____

Acknowledged before me, this ____ day of _____, 20__.

My Commission expires: _____

(Notary Public Signature) & **Seal**

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

Date Project Started: _____

Date Project Completed: _____

Total Dollar Amount of Project: \$ _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of the license.******

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE

Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Telephone: (501) 372-4661

ONLINE DIRECTORY

State Information 501-682-3000
www.arkansas.gov/directory

CORPORATE FRANCHISE TAX

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State
Victory Building, Ste 250
1401 W Capitol
Little Rock, AR 72201
Telephone: (501) 682-3409

INDIVIDUAL INCOME TAX

Individual Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 3628
Little Rock, AR 72203
Telephone: (501) 682-7272

CORPORATE INCOME TAX

Corporation Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 919
Little Rock, AR 72203
Telephone: (501) 682-4775

SALES & USE TAXES

Sales and Use Tax Section-Revenue Division
Department of Finance & Admin.
P O Box 1272
Little Rock, AR 72203
Telephone: (501) 682-7104

UNEMPLOYMENT COMPENSATION

Department of Workforce Services
P O Box 2981
Little Rock, AR 72203
Telephone: (501) 682-2121 or
1-855-225-4440

WORKERS COMPENSATION

Arkansas Workers Compensation
Commission
4th & Spring Streets, PO Box 950
Little Rock, AR 72203-0950
Telephone: (501) 682-3930 or
(800) 250-2511

LABOR STANDARDS

Labor Standards Administrator-Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

**UNDERGROUND STORAGE TANKS, ASBESTOS

Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 or (501) 682-0718

CHECKLIST OF HELPFUL NUMBERS

(Continued)

****LEAD ABATEMENT**

Arkansas Department of Health
4815 West Markham Slot-32
Little Rock, AR 72205-3867
Telephone: (501) 671-1472

****PLUMBING, GAS FITTERS HVACR, SHEET METAL, REFRIGERATION & COLD STORAGE**

Arkansas State Health Department
Plumbing & Natural Gas Division
4815 West Markham Slot #24
Little Rock, AR 72205-3867
Telephone: (501) 661-2642

****FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private Security Agencies
C/O Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209
Telephone: (501) 618-8600

****SPRINKLERS**

Arkansas Fire Protection Board
7509 Cantrell Road Suite 103A
Little Rock, AR 72207
Telephone: (501) 661-7903

****ELECTRICAL**

Board of Electrical Examiners – Dept of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4549

****ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4530

****BOILERS**

Boiler Division - Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4513

****LANDSCAPING w/PLANTING**

Arkansas State Plant Board
1 Natural Resources Drive
Little Rock, AR 72205
Telephone: (501) 225-1598

****WATER WELLS**

Arkansas Water Well Commission
101 E Capitol, Ste 350
Little Rock, AR 72201
Telephone: (501) 682-1025 or (501) 682-3900

PLEASE NOTE: This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.

****Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.**

INSTRUCTIONS FOR COMPLETION OF THE \$10,000 CONTRACTORS "SURETY" BOND

**** For "Commercial" Contractors license only. ****

Only this prescribed form will be accepted.

(Any alterations to this form must have prior approval from the Contractors Licensing Board)

AGENTS: Instructions/Notes for issuing our bonds:

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

****A copy of that Arkansas insurance license must be attached.****

For a bond to be "accepted" by the Board; it must be the "Original" Bond and Power of Attorney, have all Principal, Surety and Agent information completed, otherwise the license will be held up. (NOTE: copies, faxes, or emails "NOT" accepted.)

Agents: Please note that "continuation certificates" are not required as are bonds are continuous until cancelled.

OR

The bond may be executed solely by the "surety" company. **An underwriter that works directly for the "Surety" need only sign the "bottom left" line and under signature "indicate" that you are a "direct underwriter".**

CONTRACTORS: Instructions/Notes before mailing original bond to the Board: (NOTE: copies, faxes, or emails "NOT" accepted)

"Principal Company Name" is the company name **exactly** as it will appear, or does appear on the existing Contractors License (and /or as registered with the Secretary of State). **This is the name all bids and work is to be performed in.**

****For a bond to be "accepted" by the Board; it must be the "Original" Bond and Power of Attorney, have all Principal, Surety and Agent information completed, otherwise the license will be held up.**** (NOTE: copies, faxes, or emails "NOT" accepted)

**** Bond must be signed by an owner, officer, member or partner before "mailing" the "entire Original Bond and Power of Attorney" to the Board. ****

PLEASE - MAIL COMPLETED "ORIGINAL" BOND AND POWER OF ATTORNEY TO:

Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117

Any change in the Federal ID# requires a new bond be executed. Any change in your company's name will require other documentation, ****please call for instructions first.**

For questions regarding this bond, contact Michelle Spoor at 501-371-1506 or michelle.spoor@arkansas.gov.



\$10,000 Surety Bond

(Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

****A copy of that Arkansas Insurance License "must" be attached.****

Effective Date _____
Bond Number _____

STATE OF ARKANSAS

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, _____
**Principal's Company Name exactly as it is filed with the Secretary of State
or will appear on the Contractors License**

Principal Business Address	City	State	Zip Code	Phone Number
as Principal, and Surety's Name: _____				

Surety Address	City	State	Zip Code	Phone Number
----------------	------	-------	----------	--------------

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars (\$10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The Surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the Principal and to the State of Arkansas (Contractors Licensing Board).

Company Name of Agency/Broker/Producer
(Exactly as it appears on the AR insurance license, attach
a copy of the Arkansas Insurance license to bond)

Principal's Signature
(Must be an Owner, Officer, Partner, Member)

Mailing Address (For Agency/Broker/Producer)

Title - (Ex: Owner, Officer, Partner, Member)

City/State/Zip Code **Phone Number**

Principal's Federal ID#

****Agent's/Broker's/Producer's Signature****

Power of Attorney Signature or "Surety" Signature – ☐ IF Direct Underwriter

<p><u>"ORIGINAL" SIGNED, AND EXECUTED BOND AND POWER OF ATTORNEY ARE TO BE FILED WITH THE BOARD AT: (Copies, faxes and emails will "NOT" be accepted)</u> Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117</p>

Arkansas Business & Law Test (Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher at <http://www.nascla.org> through the NASCLA Bookstore, or by call (623) 587-9519, or by completing the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed. Permanent tabs can be purchased at <http://www.nascla.org> through the NASCLA Bookstore. The book and tabs bundle for \$57.99 or tabs separately for \$9.99

On the day of the examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before the test begins.

You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and the Contractors Guide to Business, Law and Project Management, Arkansas Edition.

- PLEASE BE ADVISED:**
- a) Extra manuals may be given upon arriving for the test. You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
 - b) Verify the exam code before taking the test.
 - c) **Have PROMETRIC send the results to YOU. It is your responsibility to get the passing test score to our office by fax 501-372-2247 or regular mail.**
 - d) Test results sent to us by Prometric can take up to several weeks, which could postpone the approval and release of your license. Please make sure to obtain your test score before leaving the test center.

Confirmation Number:

Appointment Date:

Appointment Time:

Testing Site:



NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

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